SAN BERNARDINO COUNTY | Human Resources

Blue Shield Bronze PPO

Plan Premiums	Coverage Type	2024-25 Bi-Weekly Rates
	Employee Only	$189.42
	Employee + 1	$376.83
	Employee + 2	$532.38

Please note: This chart only highlights benefits. The Evidence of Coverage (EOC) and the official plan document contain comprehensive benefit details and govern your rights and benefits. If any discrepancy exists between this Chart and the official plan document, the official plan document will prevail.

This is a high deductible/high coinsurance medical plan. If you are enrolling in the plan, please carefully review the enclosed benefit summary to obtain a full understanding of the benefits provided under the plan.

	In-Network	Out-Of-Network
Providers, Deductibles, Maximums, Preexisting Conditions		
Choice of physician and other providers	Shield PPO Network (includes Blue Card Program access)	Out-Of-Network (OON)
Calendar year deductible combined PPO/OON	$4,000 per individual $8,000 per family	
Hospital or Ambulatory Surgical Center (ASC) deductible	$100 for inpatient services ASC is 20% after calendar year (CY) deductible	
Lifetime benefits maximum	None	
Out-of-Pocket (OOP) annual maximum	$5,500 each member $11,000 family maximum (Some benefits excluded from the OOP maximum, refer to EOC for details)	$10,000 each member $20,000 family maximum (Some benefits excluded from the OOP maximum, refer to EOC for details)
Preexisting condition	Fully covered	
Office/Outpatient Care		
Office visits	20% after CY deductible	50% after CY deductible
Teladoc (telemedicine) appointments	No charge per consultation	Not covered
Preventive health benefits	No charge	Not covered
Hearing screenings	No charge	50% after CY deductible
Immunizations	No charge	50% after CY deductible
Family planning Infertility services	Not covered	Not covered
Tubal ligation	No charge	Not covered
Vasectomy	No charge	Not covered
Specialists	20% after CY deductible	50% after CY deductible
Well baby/Well childcare	No charge	Not Covered
Well woman exam	No charge	Not covered

Emergency Medical Care		
Ambulance	20% after CY deductible	20% after CY deductible
Emergency room	$100 per visit + 20% after CY deductible ER Physician Services: 20% after CY deductible	$100 per visit + 20% after CY deductible ER Physician Services: 20% after CY deductible
Urgent care	20% after CY deductible	50% after CY deductible
Diagnostic Services		
Diagnostic tests and x-ray	Facility: $25 per visit Physician: 20% after CY deductible Outpatient: $25 per visit + 20% after CY deductible	50% after CY deductible, up to $350 per day
Radiological & nuclear imaging	Facility: $100 per visit Physician: 20% after CY deductible Outpatient: $100 per visit + 20% after CY deductible	50% after CY deductible, up to $350 per day
Diabetes Care		
Covered diabetic drugs and testing supplies	See 'Prescription Drugs'	
Diabetes self-management training & education	20% after CY deductible	50% after CY deductible
Devices, equipment, and non-testing supplies	20% after CY deductible	50% after CY deductible
Maternity care		
Prenatal and postnatal office visits	20% after CY deductible	50% after CY deductible
Delivery	Physician Services: 20% after CY deductible Facility Services: 20% after CY deductible plus $100	50% after CY deductible plus any charges over $600/day
Newborn care	20% after calendar year (CY) deductible Newborn covered 30 days; must enroll through County within 60 days	50% after calendar year (CY) deductible Newborn covered 30 days; must enroll through County within 60 days
Hospital Services		
Hospital care (Physician and facility charges)	Facility: $100 per admission + 20% after CY deductible Physician: 20% after CY deductible	Facility: 50% after CY deductible plus any charges over $600/day Physician: 50% after CY deductible
Surgical Services		
Outpatient/ambulatory surgery Center	Facility: 20% after CY deductible Physician: 20% after CY deductible	Facility: 50% after CY deductible plus any charges over $350/day Physician: 50% after CY deductible

Alternatives to Hospital Care - Pre-Authorization Required		
Home health services	20% after CY deductible	20% after CY deductible, if preauthorized
	(100 visits per calendar year combined PPO/OON maximum)	
Hospice Respite Care Inpatient & outpatient	No charge	No charge, if preauthorized
Skilled nursing facilities	20% after CY deductible	Freestanding: 20% after deductible Unit of a hospital: 50% plus any charges over $600/day
	(100 visits per calendar year combined PPO/OON maximum)	
Mental Health and Substance Abuse Disorder		
	MHSA Participating Provider	**MHSA Non-Participating Provider**
Outpatient Services	20% after CY deductible	50% after CY deductible
Inpatient Services	20% after CY deductible plus $100 admission	50% after CY deductible plus $600/day and 100% of additional charges
Prescription Drugs		
Prescription drugs (per fill) Includes diabetic drugs and testing supplies	PARTICIPATING PHARMACY Pharmacy: Tier 1 - $10 Tier 2 - $25 Tier 3 - $40 Tier 4 - 30% up to $200 OOP maximum per prescription	NON-PARTICIPATING PHARMACY (Member pays 25% of billed amount plus copayment) Pharmacy: Tier 1 - $10 Tier 2 - $25 Tier 3 - $40 Tier 4 - 30% up to $200 OOP maximum per prescription
	Pharmacy (retail and mail order) copays are subject to the calendar year deductible and do not apply toward the out-of- pocket maximum.	
Other Services		
Allergy testing, treatment, and serum	20% after CY deductible	50% after CY deductible
Chiropractic care	20% after CY deductible	50% after CY deductible
	Up to 20 visits per calendar year combined PPO/OON maximum	
Durable medical equipment	20% after CY deductible	50% after CY deductible
Home visits (physician)	20% after CY deductible	50% after CY deductible
Physical and occupational therapy	20% after CY deductible	50% after CY deductible
Speech therapy	20% after CY deductible	50% after CY deductible
Vision (exam only)	Not covered	
Travel		
Network	Inside of US: Blue Card Program Outside of US: Blue Card World Wide Refer to your EOC	Inside of US: Blue Card Program Outside of US: Blue Card World Wide Refer to your EOC
Additional travel information	blueshieldca.com	blueshieldca.com